

Request for Appropriation Budget Template

Enter data into each yellow cell.

| | |
|-----------------------|--|
| Request Title: | Additional Slots for Medically Complex Children's Waiver |
| Sponsor: | Rep. Eliason |

| Step 1. Revenue | | | |
|---|-----------------|--|---|
| Funding Source | | | |
| Amount Requested | \$ 3,614,369.00 | State General Fund | |
| Other Revenue Sources | N/A | N/A | |
| Total Revenues: | \$ 3,614,369.00 | | |
| Difference between Revenue & Expenditures | | | \$ - |
| Step 2. Expenditures | | | |
| Amounts | | Details | |
| Personnel | \$ 226,694.00 | Number of personnel supported: | 6.25 |
| Travel | | Nature of travel: | |
| Equipment/Supplies | | Types of equipment/supplies to be purchased: | |
| Pass-through | | Intended recipient(s) of pass-through funds: | |
| Licenses | | Description of licenses (number, cost per license, etc.) | |
| Other | \$ 3,387,675.00 | Description of other expenses | Medicaid State Plan and Waiver Services |
| Other | | Description of other expenses | |
| Other | | Description of other expenses | |
| Total Expenditures: | \$ 3,614,369.00 | | |

Calculations

| | Position | Count | SGF/Individual | Total SGF | |
|-----------|----------|-------|----------------|-----------------|------------------------------|
| Staffing | SRN | 6.25 | \$ 36,271.00 | \$ 226,693.75 | (1:80 case management ratio) |
| Enrollees | | 500 | \$ 6,775.35 | \$ 3,387,675.00 | |
| Total: | | | | \$ 3,614,368.75 | |